



**STATE OF MONTANA**  
**DEPARTMENT OF CORRECTIONS**  
**DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES**  
**OFFENDERS WITH MENTAL ILLNESS**  
**MEDICATION REQUEST FORM**

<b>NAME:</b>		<b>DOC ID#:</b>	
<b>ADULT:</b>	<input type="checkbox"/>	<b>YOUTH:</b>	<input type="checkbox"/>
		<b>DISCHARGE DATE:</b>	

<b>MEDICATION INFORMATION:</b>		<b>NAME:</b>
<b>DOSAGE:</b>	<b>DURATION:</b>	<b>COST EST.:</b>
<b>Justification for need of medication:</b>		
<input type="checkbox"/> Ongoing Support	<input type="checkbox"/> Crisis Stabilization	<input type="checkbox"/> Pending Benefit Application Approval
<input type="checkbox"/> Other (specify):		
<b>Prescribing Professional:</b>		
<b>Pharmacy Information:</b>	<b>NAME:</b>	
	<b>ADDRESS:</b>	
	<b>PHONE #:</b>	

**COMMUNITY PLACEMENT:** ☐ Prerelease; ☐ ISP/ESP; ☐ Probation; ☐ Parole;  
☐ Other , Please Specify:

**YOUTH SERVICES DIVISION PLACEMENTS:**

☐ Group Homes; ☐ Parole; ☐ Other, Please Specify:

**SHORT-TERM GOAL:**

**LONG-TERM GOAL:**

**6 – MONTH UPDATE:** ☐ Continuation of services; ☐ Changes in services:

<b>Supervising Staff Signature</b>	<b>Date</b>	<b>Staff Manager's Signature</b>	<b>Date</b>

<input type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/> <b>DENIED</b>	
<b>PRC/TX Program Manager</b>	<b>Date</b>

**RELEASE FROM PROGRAM:**

☐ Benefit Enrolled;  
☐ Discharged Sentence;  
☐ New Crime;  
☐ Revocation/Return to Secure Care;  
☐ Voluntarily left Program.

**COMMENTS:**